



The Journal

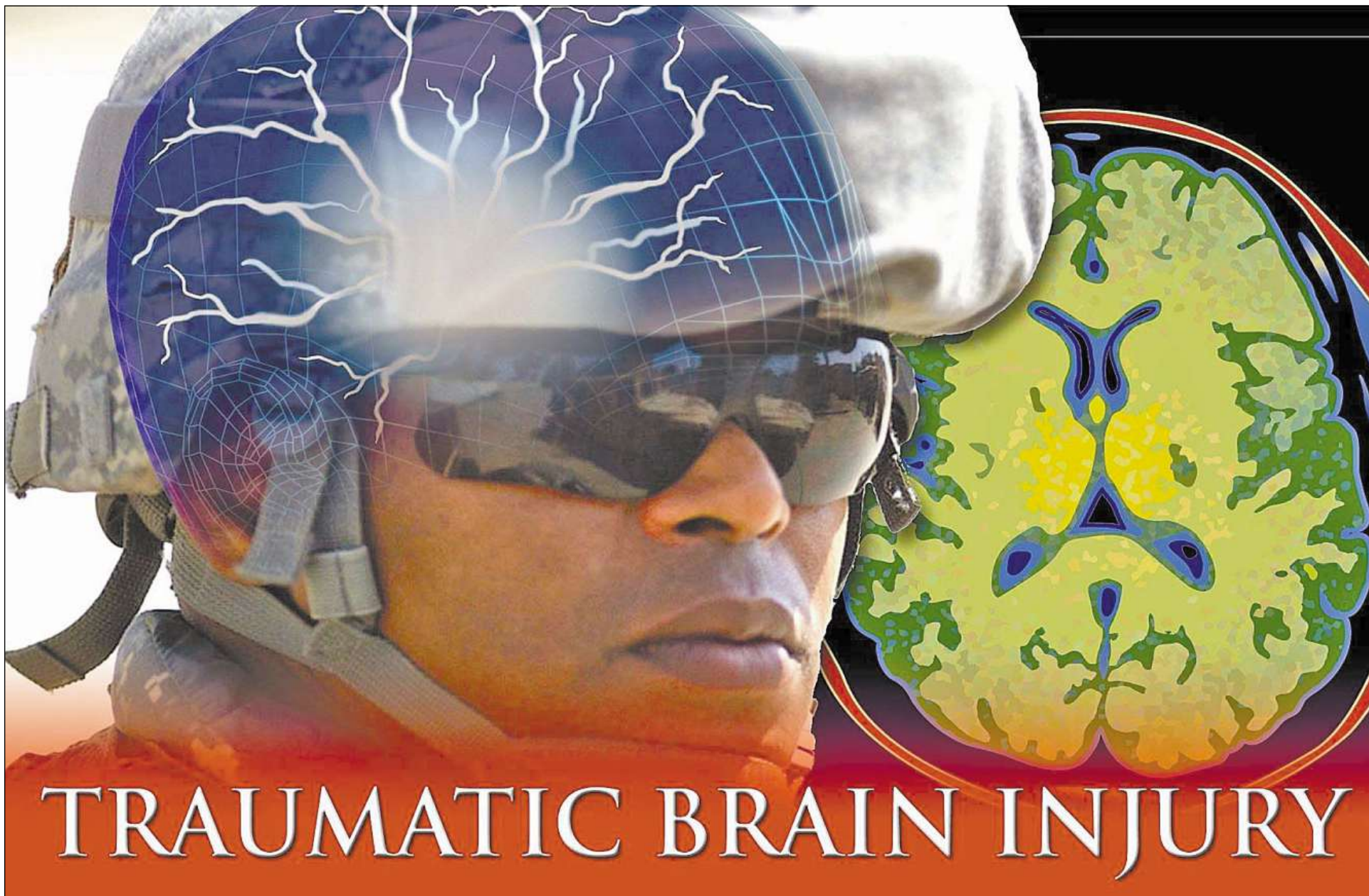
Vol. 27

No. 13

www.cnic.navy.mil/bethesda/

March 26, 2015

NICoE to Host First Annual Walk for TBI Awareness Month



DOD photo illustration

By Sarah Marshall
WRNMMC Public Affairs
staff writer

Staff, patients and their loved ones are invited for a walk for Traumatic Brain Injury (TBI) Awareness Month, hosted by the National Intrepid Center of Excellence (NICoE) tomorrow, March 27, at noon.

The walk, which will begin at the center, will take participants around the outside of Walter Reed National Military Medical Center (WRNMMC) and end back at the center at approximately 12:45 p.m. Those who

attend are encouraged to wear green, the color chosen to signify March as National TBI Awareness Month, and to show solidarity for those in need of support.

"After considering how we could get campus recognition about brain injury awareness, [we decided] organizing a campus awareness walk would be a great way to spread knowledge about brain injury and the excellent treatment we give to patients and families at WRNMMC," said Cmdr. Karen Livornese, service chief for Clinical Education and Outreach at NICoE. She hopes the event

will expand in years to come, she said, allowing staff members to eventually walk into the city of Bethesda to help raise TBI awareness.

Often referred to as an "invisible wound," a TBI is the result of a blow or jolt to the head, resulting in the disruption of the brain's normal function. During March, the Military Health System is focusing on TBI awareness, by providing tools and resources to help educate military members, their families, retirees and personnel about prevention and treatment. Each year, an esti-

mated 1.7 million people are diagnosed with a brain injury – the most common form being a mild TBI, also known as a concussion, according to the Centers for Disease Control and Prevention. Between 2000 and 2014, more than 313,000 service members were diagnosed with a TBI, most of which were mild, the Defense and Veterans Brain Injury Center reports.

The NICoE, part of WRNMMC, opened its doors in June 2010 to provide cutting-edge TBI evaluation, treatment, research and education for service members and their families

dealing with traumatic brain injuries and psychological health conditions. The center takes an interdisciplinary, patient-centered approach, using a care model that includes clinical evaluation, patient and family-focused intervention, and individualized treatment planning, using care teams representing more than 16 disciplines.

For more information about the walk, email Cmdr. Livornese at karen.e.livornese.mil@mail.mil. To learn more about the NICoE, and traumatic brain injury, visit nicoe.capmed.mil and health.mil/tbi.

Commander's Column

Hooyah Shipmates!

I hope you're enjoying our weather transition from winter to spring – get ready to rake, weed, and mow! Certainly a welcomed change! As we continue to provide extraordinary medical care and support to our heroes and their families, some of our Sailors are going aboard USNS Comfort (T-AH 20) in support of Continuing Promise 2015 (CP-15).

Specifically, we have 41 Sailors from Walter Reed National Military Medical Center (WRNMMC) and seven from Fort Belvoir Community Hospital who will embark on Comfort in mid-March for a scheduled humanitarian assistance mission to several Central American and Caribbean island nations.

Due to our sequestration challenges in 2013, this will be the first Continuing Promise deployment since 2011. This makes CP-15 even more significant to our neighbors – for their health and livelihood – but also for the peace and security of our friends in the region. The role of our deploying Sailors will be challenging, but is extremely rewarding.

Continuing Promise 2015's mission is to provide medical care and education to those who normally would not be offered the opportunity to see a provider. This medical team may treat upward of 100,000 people, but the number of people who will be impacted by this mission is virtually incalculable. In past Continuing Promise missions, military and non-government organization medical teams provided surgery, neurology, emergency medicine, orthopedics, anesthesiology, dentistry, family medicine, pediatrics,



preventive medicine, diagnostics and veterinarian support to the local populations.

The conditions may be austere, but the appreciation of those receiving care will be unforgettable. I am confident that our shipmates' efforts during this mission will leave an everlasting imprint of goodwill to the people visited. This is in direct support of our Chief of Naval Operations Admiral Greenert's strategic imperative of a "Global Force for Good."

For our deploying Sailors, CP-15 offers the opportunity to not only continue to be outstanding ambassadors to the Navy Medicine team, but the opportunity to gain extraordinary operational experience. I am confident they have been trained exceptionally well by their leaders at WRNMMC and will take advantage of every mission, to improve not only as Sailors, but as compassionate human beings.

For those of us left here at home, please keep these Sailors in your thoughts and reach out to them and their families over the course of the deployment. Our Ombudsman and Naval Support Detachment personnel are resources to assist as well. We look to the ship's safe return and the memorable sea stories collected.

To our deploying shipmates, Fair Winds and Following Seas!

J. L. VEDRAL-BARON
CAPT, NC, U.S. Navy
Commanding Officer
WRNMMC (Navy Element)
Director, Fort Belvoir
Community Hospital

Bethesda Notebook

TeamSTEPPS Essential Course

A TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) Essentials Course will be held on March 31 from 8 to 9:30 a.m., and from 1 to 2:30 p.m. in Clark Auditorium. A Common Access Card (CAC) is required for sign in. The course is not a substitute for the TeamSTEPPS Fundamentals Course, and is for Walter Reed Bethesda staff who do not engage in direct delivery of patient care, but who contribute essential information with an impact on the ongoing delivery of safe care. For registration, contact Hospital Education and Training (HEAT) Department at classregistration@health.mil or 301-319-5209.

Army Physical Fitness Test

The semi-annual Army Physical Fitness Test (APFT) will be April 6-24, Monday, Wednesday and Friday from 6 a.m. to 2 p.m., and April 27 through May 1, Monday through Friday from 6 a.m. to 2 p.m. on the Uniformed Services University track. Height and weight checks are being conducted in Troop Command, Bldg. 147, Monday through Thursday from 8 a.m. to 3 p.m., and Friday from 8 a.m. to noon. Checks must be accomplished prior to May 15. Soldiers with a permanent profile should bring a copy to the APFT. Soldiers who bike and swim must make appointments before the APFT, and those testing will be conducted during the second and fourth week. For more information, contact Staff Sgt. Jamie Jackson at 301-319-2509.

Employer Network Event

An Employer Network Event is held monthly on the last Thursday from 11 a.m. to 1 p.m. in Bldg. 11 (lower level), Rm. 16. Attendees will be able to meet with industry representatives, develop professional connections and explore employment opportunities at the event, open to all active duty, family members, veterans, reservists, non-medical attendees, contractors and civilians. No registration is required. For more information, contact Fleet and Family Support Center at 301-319-4087 or email FFSC@med.navy.mil.

Published by offset every Thursday by Comprint Military Publications, 9030 Comprint Court, Gaithersburg, Md. 20877, a private firm in no way connected with the U.S. Navy, under exclusive written contract with Naval Support Activity Bethesda, Md. This commercial enterprise newspaper is an authorized publication for members of the military services. Contents of The Journal are not necessarily the official views of, nor endorsed by, the U.S. Government, the Department of Defense, or the Department of Navy. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the Department of Defense or Comprint, Inc., of the products or services advertised. Everything advertised in this publication shall be made available for purchase, use or patronage without regard to race, color,



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Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. David A. Bitonti
Public Affairs Officer: Ronald D. Inman
Public Affairs Office: 301-295-1803

NSAB Emergency Information Line 301-295-6246
NSAB Ombudsman
Michelle Herrera 240-370-5421

Journal Staff

Managing Editor MC2 Brandon Williams-Church
WRNMMC Editor Bernard Little

Staff Writers MC1 Christopher Krucke
MC3 Hank Gettys
Andrew Damstedt
Sarah Marshall
Katrina Skinner
Sharon Renee Taylor

NSA Bethesda
Fleet And Family Support Center 301-319-4087

Walter Reed National Military Medical Center
Office of Media Relations 301-295-5727

NSAB Chaplain's Office 301-319-4443/4706

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American Red Cross Volunteers Greet Each MEDEVAC Arrival

By Andrew Damstedt
NSAB Public Affairs
staff writer

For more than 10 years, the American Red Cross has provided volunteers as part of the team greeting each MEDEVAC arriving at Walter Reed National Military Medical Center (WRNMMC), and formerly at Walter Reed Army Medical Center (WRAMC), and National Naval Medical Center (NNMC) to provide support to wounded, injured and ill service members and their families who are traveling from around the globe to receive care.

Marin Reynes, American Red Cross Bethesda senior station manager, said a volunteer team meets each MEDEVAC patient arriving at WRNMMC via their flight origination point, Landstuhl Regional Medical Center, Germany, with a welcome bag filled with toiletries, magazines, blankets, bottled water, snacks and local information for patients and families. In 2014, volunteers distributed more than 450 welcome bags

to patients and families, she said.

The MEDEVAC program began at Walter Reed Army Medical Center just after Operation Iraqi Freedom began, Reynes said. Today, the MEDEVAC program at WRNMMC meets the needs of all wounded, ill or injured patients and their families, she said.

Victoria Brown heads up the 13 volunteers who greet each MEDEVAC when the ambulance pulls up to the hospital's emergency room. Now, MEDEVACs arrive two days per week, but when the program started they arrived three days per week and a Red Cross volunteer has been at each arrival, providing support even when the ambulance came at midnight or 5 a.m., Brown said.

"At the very beginning, I'm talking years ago, there were flights coming in at two and three in the morning and I was determined that somebody's got to be there to greet them," Brown said. "I'd be downstairs

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Photo by Andrew Damstedt

Victoria Brown, left, and Dr. Joan Gordon, two of the 13 volunteers for the American Red Cross Bethesda's MEDEVAC team, pose for a picture after recounting some stories from their years of experience with the program, which is designed to have a Red Cross volunteer greet each MEDEVAC that arrives at Walter Reed National Military Medical Center to provide support to wounded, ill and injured service members and their families.

Women's History Month: Women at War



U.S. Navy photo by Chief Mass Communication Specialist Peter D. Lawlor

Secretary of the Navy Ray Mabus, left, and Wayne Cowles, husband of Adm. Michelle Howard, put four-star shoulder boards on Howard's service white uniform during her promotion ceremony at the Women in Military Service for America Memorial, July 1, 2014. Howard was the first woman to be promoted to the rank of 4-star admiral in the history of the Navy.

By Sharon Renee Taylor
WRNMMC Public Affairs
staff writer

"Behind every great man is a great woman." This English proverb dates back nearly eight decades, but more than 200 years of U.S. military history shows women serving front and center on American shores. Today, women stand shoulder-to-shoulder with their male counterparts abroad — in war.

After more than a year fighting in the Continental Army disguised as a man during the American Revolutionary War, Deborah Sampson was discovered to be a woman after she was wounded. She received an honorable discharge and a military pension from the Continental Congress.

Sampson wasn't the only woman to conceal her gender for her right to fight. During the Mexican War in 1846, Elizabeth Newcom enlisted in the Missouri Volunteer Infantry as Bill Newcom, and marched and participated in

the conquest of South America according to the Department of Veteran Affairs. She was discovered and discharged in 1848.

Harriet Tubman worked as a key advisor and guide to Union Army Col. James Montgomery during the Civil War, according to American history professor and scholar Catherine Clinton. The Library of Congress cited Tubman as joining Montgomery and more than a hundred black soldiers on a gunboat raid on the Combahee River in South Carolina. Tubman also served as a Union spy, scout and nurse. She served Union Army officer Col. Robert Gould Shaw his last meal on July 19, 1863, at Fort Wagner where the Union Army suffered horrific losses for the all-black Massachusetts Fifty-Fourth Regiment he led, according to American historian Kate Larson.

More than a thousand civilian women served as nurses during the Spanish-American War and hundreds more served as support staff and

spies along with non-combat roles. During World War I, women were allowed to join the military as support staff or nurses, numbering more than 30,000. Four hundred nurses died in the line of duty, cited in a concurrent resolution of the 110th Congressional Bill. With more than 400,000 serving in non-combat roles, the number of women in war reached an all-time high by World War II, according to a National Park Service report. The National Women's History Museum cited the conflict resulted in 88 women held as prisoners of war.

In 1948, Congress granted women permanent status in the military, entitling them to veterans' benefits — more than 30 years after nearly half a million women served in the two world wars.

During the Korean War, women worked in combat zones as Army nurses, or aboard hospital ships in the Navy. By the Vietnam War,

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A Graduate's Perspective

Soldiers, Sailors Set to Complete Army/Navy 68C LPN Course March 27

**By Hospital Corpsman
3rd Class Charla Watson
LPN Class 14-04**

The Army Medical Corps and the Navy Hospital Corps can look upon their histories with pride and awe for the accomplishments achieved by their forerunners, who have proven themselves ready to support Soldiers, Marines, Sailors, Airmen and all who are in need of care whenever, and wherever necessary. The corps' level of dedication in training their members to provide world-class care continues today.

One recent achievement of the corps is establishing the Army/Navy 68 Charlie/Licensed Practical Nurse Course. The first class of the program, Class 14-04, graduates from the course tomorrow at 10 a.m. in Memorial Auditorium at Walter Reed National Military Medical Center (WRNMMC). The class includes 22 Soldiers and four Sailors.

The foundation of the Army/Navy 68C LPN Course can be traced to the first practical nurse course, started at the former Walter Reed Army Medical Center in October 1950 with the graduation of 21 enlisted Army medical non-commissioned officers (NCOs).

U.S. Army medical NCOs first served during the outbreak of the Revolutionary War. "Hospital stewards" were the forerunners of the Army Medical Department (AMEDD) NCO Corps, which wouldn't be officially recognized until July 27, 1775, now the anniversary of the AMEDD.

In the U.S. Navy, loblolly boys, or assistants to ship's surgeons, can also be traced back to vessels captained by John Paul Jones and John Barry in the Continental Navy, but it was on June 17, 1898 when the U.S. Navy Hospital Corps was established as the enlisted medical corps to serve Sailors and Marines.

The graduates of the Army/

Navy 68C/LPN course, including this writer, hope to follow in this long tradition of service to the nation and care of service members and their families, practicing what we learned during the intensive nearly year-long program.

Our recent instruction in the 68C LPN course spanned 51 weeks and began with Phase I at the Academy of Health Sciences, Army Medical Department Center and School at Fort Sam Houston, Texas. There, we were challenged with 11 weeks of didactic study, consisting of 10 examinations covering human anatomy and physiology, as well as base medical terminology and concepts.

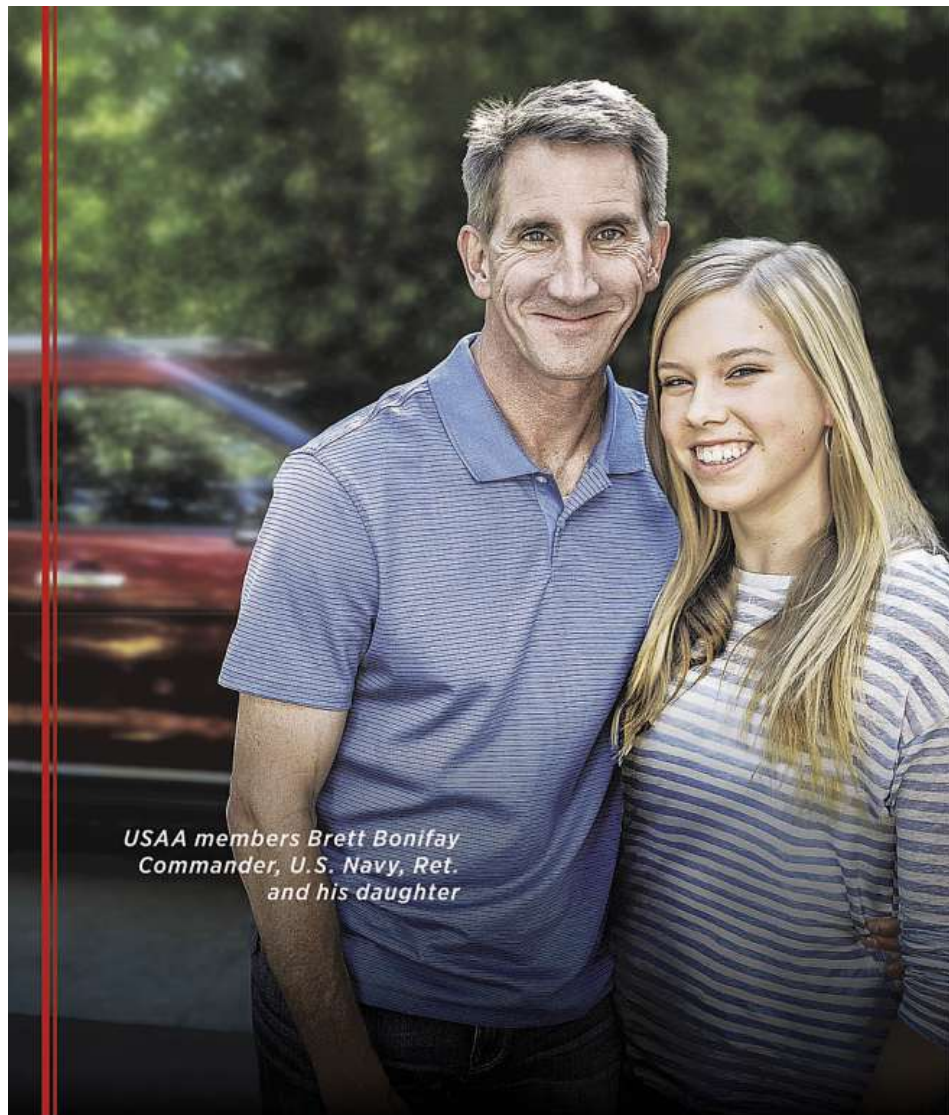
Walter Reed Bethesda hosted Phase II of the course, where we had 18 more written examinations, in addition to having the opportunity to demonstrate our nursing proficiency with 22

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Photo by Sharon Renee Taylor

Soldiers and Sailors learn nasogastric medication administration techniques during Phase II of the inaugural Army/Navy 68 Charlie/Licensed Practical Nurse Course at Walter Reed Bethesda. Twenty-six students graduate from the intensive year-long course graduate tomorrow.



USAA members Brett Bonifay
Commander, U.S. Navy, Ret.
and his daughter

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RED CROSS

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in the emergency room waiting and somebody had to nudge me because I was asleep with the (care) bags ... I think all of us that are in the MEDEVAC (team), we just really want to be there.”

The Red Cross volunteers also follow-up with family members throughout the week to ensure they have everything necessary while their service member is receiving treatment, Reynes said.

Terry Melo, who has volunteered with the program since 2010, said one experience that stands out for her happened when an injured Soldier, who was being wheeled into the emergency room, asked her to call his local Red Cross office to tell them thanks for donating blood for him.

“I called on Monday morning and they said ‘Thank you for letting us know he’s okay,’” Melo said. “That was a real personal connection to me — to help him, and relay that message to his community.”

Dr. Joan Gordon, a Red Cross volunteer, said helping family members is a critical part of what the Red Cross MEDEVAC team does “because to see their Soldier, their Sailor, their Marine, in a certain way (can be) very distressful.”

She said helping out with the small things provides a big support to the family members. She recalled a time when she located tweezers for a mother of an injured service member and another time when she helped a patient find out where to order a smoothie after his appetite returned.

Another time, Gordon said she helped a mother of an injured Marine park her car.

“When she got here, the MEDEVAC team was taking her son off of the MEDEVAC and she recognized his nose, his profile — her car was running — her door flung open and she screamed ‘That’s my son!’” Gordon said. “And I’m out there ... and she ran to him and I ran to get her and he said ‘Mom, let them do their job.’”

Gordon explained she helped calm the mother by telling her it was a good sign her son was well enough to talk and be a little bit embarrassed by her actions in front of the other Marines. She helped the mother find a parking spot and then took her to her son’s room.

“I had to do everything to keep from crying,” Gordon said, telling herself to pull it together so she could help this woman.

Another story Melo shared involved staying in the waiting room with a spouse who had flown to the hospital from Nebraska by herself.

“There was no one with her and I was on my way home; I had already delivered the welcome bag with the blankets and toothpaste and magazines and welcome letters,” Melo said. “I had handed it all to her and was driving off the base, when I thought, ‘What am I doing?’ So I turned the car around and she’s sitting all by herself in the waiting room. She was glad that I came back. She was really alone. That’s what the Red Cross is there for.”

Brown shared a story of a mother who was holding a yellow balloon waiting to greet her son. When she saw her son pull up in the ambulance, Brown said she asked whether she should approach.

“And I said, ‘He’s looking for you.’ You could tell, you could tell he wanted his mother,” Brown said. “We’re there for them; we’re sort of like a shadow in the background, but ready to spring to action.”

All three volunteers said this volunteer experience has greatly enriched their lives.

“Working with the wounded warriors has changed my life, my perspective,” Gordon said. “Things that used to bother me, no longer do. You realize you don’t have any issues by comparison. They have blessed me.”

Lt. Gen. Bostick Awards Army Hero



Photo by Staff Sgt. Julio Larrea, WTB NCO

The 53rd Chief of Engineers of the United States Army and Commanding General of the U.S. Army Corps of Engineers, Lt. Gen. Thomas P. Bostick, pins Army Spc. William A. Hoover with the Purple Heart, Meritorious Service Medal, Army Commendation Medal, Afghanistan Campaign Medal and Non-Article 5 NATO Medal during an award ceremony March 9 in the Soldier and Family Assistance Center, located in Building 62 onboard Naval Support Activity Bethesda.

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WOMEN

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thousands of women volunteered to serve in the U.S. military, as Soldiers, Sailors, Marines, Airmen and Coast Guards.

In 1991, Congress authorized women to fly in combat missions, and to serve on combat ships in 1993. More than 41,000 women deployed to the combat zone during the Persian Gulf War, according to a 1993 report to the Secretary of Defense.

By 1998, women fighter pilots took off from an aircraft carrier for combat missions during Operation Desert Fox, in Iraq. Navy Capt. Kathleen McGrath became the first woman to command a U.S. Navy warship in 2000. The ship was assigned to the Persian Gulf.

In 2002, Marine Sgt. Jeannette L. Winters and six others were killed in a Pakistan plane crash. A 2004 Marine Corps report cites Winters as the first military woman to die in the Afghanistan war. Three years later, the Army placed women in support units on Iraq's front lines.

Three Army women became prisoners of war and one of them was killed during the first week of the 2003 invasion of Iraq. Army Spec. Lori Piestewa died on the Iraqi battlefield. The 23-year-old mother of two became the first of nine servicewomen killed in action during Operation Iraqi Freedom. The 2004 Marine Corps report also cited Piestewa as the first Native American servicewoman killed in combat on foreign soil.

Air National Guard Col. Linda McTague became the first woman commander of an Air Force fighter squadron in 2004. In 2005 a National Guard non-commissioned officer, Sgt. Leigh Ann Hester, became the first woman since World War II to be awarded the Silver Star for combat action in the "War on Terror." After the supply convoy she and her squad were shadowing was ambushed, Hester entered into the "kill zone," leading her team and eventually assaulting a trench line with grenades and M203 grenade-launcher rounds. The sergeant killed three insurgents with her rifle.

By 2008, 16,000 women were serving

in Iraq, Afghanistan, Bosnia, Germany and Japan, according to the Department of Defense (DOD). In 2011, a congressional commission made a recommendation to end gender restrictions for all military career fields and combat exclusion policies. The Pentagon began a review of women in service.

Two separate federal lawsuits by military women in 2012 sought to overturn the Pentagon's restrictions on women in combat. That same year, the DOD announced 14,000 positions would open to women on an experimental basis, including jobs in artillery, tank and combat engineer units. In 2013, then-Defense Secretary Leon Panetta rescinded the ground combat exclusion policy and ordered services to open all assignments to women by Jan. 1, 2016.

The Marine Corps conducted research on women in ground combat, according to a 2014 Center for Military Readiness interim special report.

In 2014, the Army selected 31 women who passed the Ranger prep course to serve as observers and advisors at Army Ranger School. In the same year, the Marine Corps created an experimental ground combat task force that included women in infantry, armor, tanks and artillery. In January 2015, the Army decided to allow women to attend Ranger school in the spring.

From the country's fight for independence until now, the stride for more opportunities on the battlefield will likely continue for women, for years to come. At a 2009 White House tea for military women, First Lady Michelle Obama told the servicewomen their legacy is more than just their service.

"Because of you, when young women wonder how high they can rise in our military, they can look at General Ann Dunwoody and her four hard-earned stars. They can see that it's real," the First Lady said. "When they ask what kind of jobs they can do, they can look to women like all of you who've played just about every kind of role imaginable. And when they ask whether they can cut it — whether they have what it takes to succeed — all they have to do is to look at your lives, to look into your lives and to look at the careers that you've developed that inspire us all."

LPN

Continued from pg. 4

practical exercises and skills labs for a total of 1,921 didactic hours.

We finished our classroom experience with 800 hours of clinical nursing preceptorship and 80 hours of on-the-job training. Our commitment to excellence can be credited to our nursing triumvirate of federal civilians, contractors, NCOs and officer instructors at WRNMMC.

I've learned more about patient care than I ever thought possible through the integration of Navy corpsmen into the 68C/LPN. The Army 68C practical nurse course has a rich history with traditions and honors, much like our Navy Corpsman history. To be a part of a merger that

connects our cultures only allows us to feel closer to our sister branches and the future in military medicine. Speaking on behalf of my shipmates, It has been an honor for we four Navy corpsmen to be selected to be the first to go through the Army/Navy 68C LPN Course.

Walter Reed Bethesda leads military medicine through outstanding patient-centered care, innovation and excellence in education and research, providing comprehensive care to prevent disease and restore health. The graduates of the Army/Navy 68C LPN Course Class 14-04 hope to continue in this tradition. With this graduation of 68C LPN students, medical officers will be able to proudly welcome the first Army/Navy practical nurses to the bedside and continue to provide maximal readiness to all we serve.

Setting Goals for a Healthier You

By 2nd Lt.
Kelly Schmitz
Nutrition Services
Department
Dietetic Intern

March is National Nutrition Month and a good time to start getting healthier and eating smarter.

A good place to start is by making S.M.A.R.T. goals, an acronym for specific, measurable, attainable, realistic and time-bound. Authors, management consultants, life coaches and others have used S.M.A.R.T. goals to achieve various objectives and outcomes for projects, performance and personal development. Here's how those goals may be used for a healthier you.

Be specific. Many people make the mistake of making goals too broad,

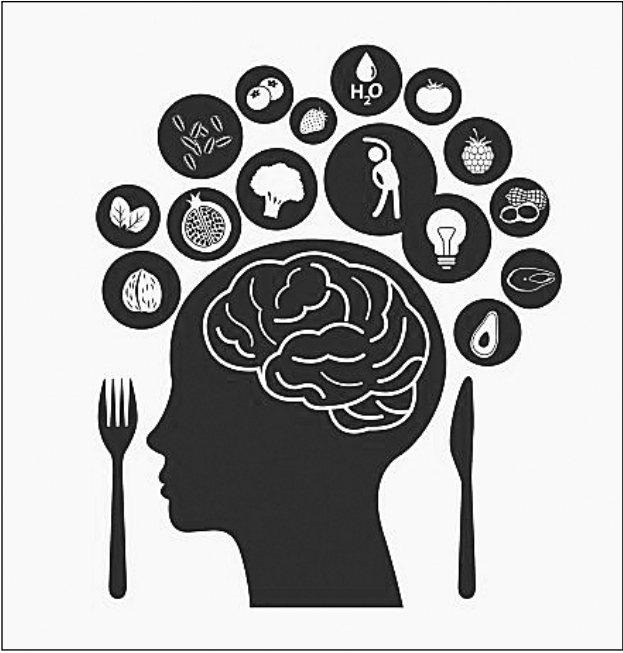
such as, "I'm going to cut all sweets out of my diet." You may be able to stick to this for a few days, but eventually you may fall back into old habits. Making a more specific goal, which answers the questions who, what, when, where, which, and why, helps narrow down the goal. For instance, "For the next two weeks, I will only have dessert after dinner every other day. I will replace my dessert with a piece of fruit."

Set measurable goals. Find a way to measure your progress through something concrete. If your goal is to lose weight by eating healthier, a measurable outcome is weight. Using the goal stated above, weigh yourself once a week to see if eating fruit is helping you to lose weight. Seeing this

progress may give you the motivation needed to continue to meet your goals.

Make the goal attainable. What are you going to do to successfully meet your goals? In order to meet your goals, you must have the appropriate knowledge and skills. If you know that you snack from the bowl of candy at work, overcome this by moving the bowl to a place where you can't see it. By taking steps to support achieving your goals, you are making them more attainable.

Be realistic. Almost everyone has a big goal they want to reach at some point, such as getting a perfect score on your physical fitness test, but that's not going to come quickly or easily for most people. Setting realistic goals will help



Courtesy graphic

you build a solid foundation to meet those bigger goals. For example, a better goal might be, "I will increase at least one of my event scores by five points," rather than "I

date, a goal may fall by the wayside. If your goal is to increase the number of times you go to the gym, make your goal more specific, such as, "For the month of March, I will go to the gym three times each week for at least 30 minutes."

Now that you have the basic building blocks to goal-setting, it's time for you to personalize your goals. These goal setting tools don't only apply to nutrition and health, they can also be applied to nearly any aspect of your life. Stay committed to your goals and enjoy your success and a healthier you.

For more information about eating right, contact the Outpatient Nutrition Clinic at 301-295-4065 to schedule an appointment with a registered dietitian.

Post-9/11 GI Bill Instruction Updated, Gives Easy Steps to Transfer Benefits

From Chief of Naval Personnel Public Affairs

Navy leaders announced March 20 an update to the instruction governing the Post-9/11 GI Bill Educational Assistance Program which outlines specific steps for Sailors to follow to properly transfer their benefits to family members.

OPNAV Instruction 1780.4 was updated March 2 and consolidates policy detailed in NAVADMINs 187/09, 203/09, 354/09, and 235/11. A naval message is planned announcing the instruction update and canceling those NAVADMINs.

Qualified active duty and Reserve Sailors may elect to transfer benefits to a spouse or children, with some or all benefits allocated to those named.

The instruction includes the Transfer of Benefits (TEB) steps in order to create a simple checklist that Sailors can



Official U.S. Navy file photo

follow to ensure they successfully complete the process.

It outlines everything from verifying their family members are enrolled in the Defense Eligibility Enrollment System (DEERS) to eligibility requirements, service obligations and what to do if a request is rejected.

The instruction can

be found at this link, <http://doni.document-services.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1780.4.pdf>

For more news from Chief of Naval Personnel, visit www.navy.mil/local/cnp/.

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